


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004294 1. Entity Name LIGHT EDUCATION, INC.					
Principal Place of Business 3106 TANGLEWOOD DRIVE SARASOTA FL 34239			Mailing Address POST OFFICE BOX 15043 SARASOTA FL 34277		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0830968	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHULTE, MARCIA W 3106 TANGLEWOOD DR SARASOTA FL 34289				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DVP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SCHULTE, ALLAN A			NAME	
STREET ADDRESS	3106 TANGLEWOOD DRIVE			STREET ADDRESS	U00000508516
CITY-ST-ZIP	SARASOTA FL 34239			CITY-ST-ZIP	04/28/06-80007-024 61.25
TITLE	DPT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SCHULTE, MARCIA W			NAME	
STREET ADDRESS	3106 TANGLEWOOD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239			CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	OLIVIERI, BROOKE			NAME	
STREET ADDRESS	6949 42ND COURT EAST			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DANIEL, GINGER			NAME	
STREET ADDRESS	5049 HIGEL AVE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PAGE, EDWARD			NAME	
STREET ADDRESS	5400 OCEAN BLVD, #101			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	OLIVIERI, DAVID			NAME	
STREET ADDRESS	6949 42ND COURT EAST			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Marcia W. Schulte</i> MARCIA W. SCHULTE 4/10/06 941-923-286					